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Bib Data Sheet

CONFIRMATION NO. 7127

SERIAL NUMBER 10/692,283	FILING OR 371(c) DATE 10/23/2003 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 9494.18379-PROV FOR
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*✓ Non*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*✓ Non*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

26308

## TITLE

Prosthesis delivery systems and methods

FILING FEE RECEIVED 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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